



STATE OF MAINE
MAINE REVENUE SERVICES
24 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0024

JANET E. WALDRON
COMMISSIONER OF
ADMINISTRATIVE & FINANCIAL
SERVICES

ANGUS S. KING, JR.
GOVERNOR

ANTHONY J. NEVES
STATE TAX ASSESSOR

**APPLICATION FOR SALE/USE TAX EXEMPTION CERTIFICATE
FOR AN INCORPORATED NONPROFIT NURSING HOME**

Name of Corporation _____
Name of Nursing Home _____
Physical Location _____
Mailing Address _____

The statute reads, incorporated nonprofit nursing homes licensed by the Department of Behavioral and Developmental Services,"

Is the nursing home incorporated? Yes ___ No ___

Send a copy of the articles of incorporation

Is the nursing home licensed by the Department of Behavioral and Developmental Services? Yes ___ No ___

Send a copy of the nursing home license received by the Department of Behavioral and Developmental Services

Has the nursing home received 501(c) nonprofit status from the IRS? Yes ___ No ___

Send a copy of the IRS determination letter indicating 501(c) nonprofit status

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED

1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
2. Copy of the nursing home license from the Department of Behavioral and Developmental Services
3. Copy of the IRS determination letter indicating 501(c) nonprofit status

I hereby certify that _____ is an incorporated nonprofit nursing home licensed by the Department of Behavioral and Developmental Services. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (16).

Date: _____ Signature: _____

Tel: _____ Title: _____

Fed ID: _____ Date Facility Opened: _____

ST-R-31